

State of Montana

1 STOP

BUSINESS LICENSING

**Simple, convenient, hassle-free...
that's what "one-stop licensing" is intended to be.**

One-Stop Business Licensing Guide

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About One-Stop Licensing

**Simple, convenient, hassle-free...
that's what "one-stop licensing" is intended to be.**

During the 1997 Legislative Session, Montana lawmakers enacted House Bill 391 to begin what is known as the "one-stop business licensing" project.

The idea is simple: A business should be able to obtain or renew most, if not all, licenses, fees and permits required by state government from one centralized location.

Here are a few of the benefits of one-stop licensing:

- One point of contact for obtaining or renewing a majority of the licenses required to operate the business.
- One master application form to obtain or renew these licenses, eliminating the redundancy of filling out multiple forms. Renewal forms may be completed by telephone.
- One payment rather than making a separate payment for each license. Visa and Mastercard will be accepted.

Secretary of State

If you intend to transact business in the State of Montana and have not registered your assumed business name with the Secretary of State's office, please do so before completing the One-Stop Licensing Application. Name registration is not available through the One-Stop Licensing Program.

One-Stop Office Information

The information in this booklet is current through June 30, 2006. Fees and requirements can change, if you are in doubt, please check our website at <http://mt.gov/revenue> or call us at (406) 444-6900.

The office is located at 2517 Airport Road, 2nd Floor, Helena, Montana.



Correspondence, completed application forms and payment should be mailed to One-Stop Licensing, c/o Montana Department of Revenue, PO Box 8003, Helena, MT 59604-8003.



The One-Stop Licensing Office may be reached by telephone at (406) 444-6900.



Information or requests may be faxed to (406) 444-0722.

Our website address is: <http://mt.gov/revenue>

Payment Procedures

Payment must be paid in full when applying for a license or renewing a license. Payment must include any applicable late fees and penalties.

Payment Methods:

- | | |
|-------------|--|
| Check | Please make your check payable to One-Stop Business Licensing. |
| Credit Card | VISA and MasterCard are accepted. Please include your credit card account information in the appropriate area of the Master Application form or Master License Renewal form. |

Late Fees and Penalties

All licenses are subject to late fees or penalties if payment is not received on time. The late fees and penalties are as follows:

Food Purveyor	\$25
Off-Premises Beer and Wine	33.33% 1 day after the due date
	66.66% 31 days after the due date
	100% 61 days after the due date
Nursery	\$25- if fee is not paid by anniversary due date. The anniversary due date is one year from the date of issuance.

Note: Weighing and Measuring Devices may be removed from service for continued non-payment.

Meters - Petroleum Dealers 50% - 60 days after the due date

Scales - Weighing Devices	
Standard	50% - 60 days after the due date
On Farm	Calendar year license term
	50% penalty due after July 1st

License Renewal Information

Renewing licenses through the One-Stop Licensing Office is a snap.

The business will receive a renewal notice from the One-Stop Licensing Office when it is time to renew licenses. The renewal notification document will list all the licenses a business currently holds, along with the cost of renewing each specific license.

After reviewing the list of licenses, a business will decide which licenses to renew, complete the back page of the renewal and submit one payment. A business may call the One-Stop Licensing Office and handle the renewal transaction by telephone. When completing a renewal by telephone, the payment method must be a credit card.

Renewal forms may be submitted by:

- mailing the completed renewal form, including appropriate payment, to the One-Stop Licensing Office, c/o Montana Department of Revenue, PO Box 8003, Helena, MT 59604-8003;
- delivering the completed renewal form, including appropriate payment, to the One-Stop Licensing Office, 2517 Airport Road, Helena, MT, 59601-1237;
- faxing the completed renewal form along with credit card information (card type, card number, card expiration date, name on card and daytime phone) to (406) 444-0722.

Please note: Fees and requirements may change through legislative process or updating of administrative rules. If you are in doubt, please check our website at <http://mt.gov/revenue> or call us at (406) 444-6900.

Business License Descriptions and Instructions

Food Purveyor

Food and Consumer Safety Section

Department of Public Health and Human Services

PO Box 202951

Helena, MT 59620-2951

<http://www.dphhs.mt.gov/PHSD/Food-consumer/food-safe-index.shtml>

Application for Retail Food Establishment License Form

Food Purveyor Inspection Procedures:

Per location and owner: any retail food establishment with 2 or fewer employees working at any one time (\$60 license fee) or establishment with more than 2 employees working at any one time (\$90 license fee).

Application must be approved by the local health authority prior to submitting to One-Stop.

All changes of ownership, location and new establishments must contact the county sanitarian (see list on following pages). Building plans must be reviewed prior to construction or remodel.

For new applications/changes of ownership/changes in location:

An inspection must be conducted, plans reviewed, and approval received, from the county sanitarian before the One-Stop Licensing Office can issue a license. Once a licensee has passed inspection, the inspector will provide notification of approval to the One-Stop Licensing Office. Please contact your local sanitarian to arrange for these services as early as possible.

It is recommended that new license applicants make contact with the local health department or county sanitarian early in the application process. Some portions of the license application review process may involve plan review, providing written procedures, product lists, fire safety inspection, building permits, water system plans, laboratory analysis of water, label design, etc. Please contact your local health department office for assistance or plan review forms.

“Food Purveyor License Applications” must be approved by the local sanitarian before application is submitted to One-Stop. Failure to receive sanitarian approval may result in significant delays in processing your One-Stop Master Application and all Licenses.

When applying for a Food Purveyors license on the Master Application, you must indicate the type of food endorsements you are requesting (check all that apply). You may choose from:

- | | |
|--------------------------------------|---|
| 1. Food Service Establishment | 7. Mobile Food Service |
| 2. Tavern or Bar | 8. Water Hauler |
| 3. Meat Market (Onsite Retail) | 9. Perishable Food Dealer (Retail) |
| 4. Bakery | 10. Food Service/Catering (Retail) |
| 5. N/A | 11. Food Service/Delicatessen (Onsite Retail) |
| 6. Food Manufacturer (Onsite Retail) | 12. Produce (Onsite retail only) |

An inspection by the county sanitarian with approval for all of the requested endorsements must be completed prior to license application.

Other: Endorsement changes must be approved by sanitarian signature, but do not require an additional license fee for an existing licensed retail food establishment. Complete water supply, sewage treatment, plan review, and licensing information.

For renewals:

The One-Stop Licensing Office will renew a Food Purveyor License when a county sanitarian has indicated the license may be renewed. The license will be renewed once the sanitarian notifies the One-Stop Licensing Office that an inspection has been conducted and approval has been granted.

Administrative Rules of Montana for food purveyor licenses can be found at http://www.dphhs.mt.gov/PHSD/Food-consumer/pdf/food_service_establishments_administrative_rule.pdf

County Sanitarians

County	Address	Phone
Beaverhead County	2 S Pacific St, Dillon, MT 59725	406-683-3770
Big Horn County	809 N Custer Ave, Hardin, MT 59034	406-665-8724
Blaine County	PO Box 576, Chinook, MT 59523	406-357-3310
Broadwater County	515 Broadway, Townsend, MT 59644	406-266-9210
Carbon County	Administrative Service Bldg, Red Lodge, MT 59068	406-446-1694
Carter County	1024 West Evelyn, Lewistown, MT 59457	406-538-8375
Cascade County	City-County Health Dept, Great Falls, MT 59401	406-454-6950
Central Montana Health District	305 W. Watson, Lewistown, MT 59457	406-538-7466
Chouteau County	PO Box 459, Fort Benton, MT 59442	406-622-3016
Custer County	Courthouse, Miles City, MT 59301	406-874-3490
Daniels County	Courthouse, Plentywood, MT 59254	406-765-3458, ext. 464
Deer Lodge County	800 Main Street, Anaconda, MT 59711	406-563-4067
Dawson County	207 W. Bell, Glendive, MT 59330	406-377-5772
Fallon County	1024 West Evelyn, Lewistown, MT 59457	406-538-8375
Flathead County	1035 1st Ave W, Kalispell, MT 59901	406-751-8130
Gallatin City-County Health Dept	Environmental Health Services, Bozeman, MT 59715	406-582-3120
Garfield County	Courthouse 251 North 17th, Forsyth, MT 59327	406-346-2528
Glacier County	Glacier County Health Dept, Cut Bank, MT 59427	406-873-4461
Granite County	800 Main Street, Anaconda, MT 59711	406-563-4066
Hill County	Courthouse, Havre, MT 59501	406-265-5481 ext 66
Jefferson County	Courthouse PO Box H, Boulder, MT 59632	406-225-4126
Lake County	Lake County Services, Polson, MT 59860	406-883-7236
Lewis & Clark County	PO Box 1723, Helena, MT 59624	406-447-8351
Liberty County	226 1st St S, Shelby, MT 59474	406-424-8340
Lincoln County	418 Mineral Ave, Libby, MT 59923	406-293-7781 ext 228
Madison County	PO Box 278, Virginia City, MT 59755	406-843-4275
McCone County	221 5th Street SW, Sidney, MT 59270	406-433-6876
Meagher County	PO Box 6616, Great Falls, MT 59406-6616 - White Sulphur Springs	406-761-5631
Mineral County	Environmental Health & Planning, Superior, MT 59872	406-822-3525
Missoula County	City-County Health Dept, Missoula, MT 59802	406-258-4755
Park County	414 East Callendar Street, Livingston, MT 59047	406-222-4143
Petroleum County	Central Montana Health District, Lewistown, MT 59457	406-538-7466
Phillips County	1024 West Evelyn, Lewistown, MT 59457	406-538-8375
Pondera County	20 4th Avenue SW, Conrad, MT 59425	406-271-4036
Powder River County	See Fallon County	
Powell County	800 Main Street, Anaconda, MT 59711	406-563-4066
Prairie County	207 W. Bell, Glendive, MT 59330	406-377-5772
Ravalli County Environment Health Dept	215 S 4th St., Ste. D, Hamilton, MT 59840	406-375-6268
Richland County	221 5th Street SW, Sidney, MT 59270	406-433-6876
Roosevelt County	Courthouse, #10 West Laurel Ave., Plentywood, MT 59254	406-765-3458, ext. 464
Rosebud County	251 North 17th, Forsyth, MT 59327	406-346-2528
Sanders County	PO Box 519, Thompson Falls, MT 59873	406-827-6961
Sheridan County	Courthouse, #10 West Laurel Ave., Plentywood, MT 59254	406-765-3458, ext. 464
Silver Bow County	24 West Front Street, Butte, MT 59701	406-497-5020
Stillwater County	PO Box 1276, Columbus, MT 59019	406-322-8055
Sweetgrass County	PO Box 111, Columbus, MT 59019	406-932-5395
Teton County	Courthouse Circle, #1 Main Ave S., Choteau, MT 59422	406-466-2150
Toole County	226 1st St S, Shelby, MT 59474	406-434-5032
Treasure County	251 North 17th, Forsyth, MT 59327	406-346-2528
Valley County	Valley County Courthouse, Glasgow, MT 59230	406-228-6264
Wibaux County	207 W. Bell, Glendive, MT 59330	406-377-5772
Yellowstone County	Environmental Health Division, Billings, MT 59107	406-256-2772

PHS Indian Health Service

PHS Indian Health Service
Billings
2900 4th Ave N, Rm. 307
Billings, MT 59107
Bus Phone:(406) 247-7099
Bus Fax:(406) 247-7229
Holland, John
Sery, John
E-mail: john.sery@mail.ihs.gov

PHS Indian Health Service
Blackfeet
P.O. Box 760
Browning, MT 59417
Bus Phone:(406) 338-3253
Bus Fax:(406) 338-2959
George, Don
E-mail: dgeorge@bilb2.billings.ihs.gov

PHS Indian Health Service
Ft. Belknap
Route 1 Box 67
Harlem, MT 59526
Bus Phone:(406) 353-3253
Bus Fax:(406) 353-2998
Kinsey, Daniel

PHS Indian Health Service
Ft. Peck
Vern E. Gibbs Health Center
P.O. Box 67
Poplar, MT 59255
Bus Phone:(406) 768-5322
Bus Fax:(406) 768-5212
Hull, Ken
E-mail: kenneth.hull@mail.ihs.gov

Tribal Health Services

Blackfeet Tribal Health Services
P.O. Box 760
Browning, MT 59417
Bus Phone:(406) 338-6338

Bus Fax:(406) 338-6308
George, Don
E-mail: don.george@mail.ihs.gov

Crow Tribal Sanitarian
PHS Indian Hospital
P.O. Box 9
Crow Agency, MT 59022
Bus Phone:(406) 638-3473
Bus Fax:(406) 638-3569
Haines, Debra
E-mail: dhaines@bilb2.billings.ihs.gov

Flathead Tribal Health Center
P.O. Box 880
Mission Dr
St. Ignatius, MT 59865
Bus Phone:(406) 745-2411
Other: 1-888-835-8766
Bus Fax: (406) 745-3530
Steele, Fred
E-mail: fsteel@sip.flathead.billings.ihs.gov

Ft. Peck Tribal Health
Verne E. Gibbs Health Center
P.O. Box 67
Poplar, MT 59255
Bus Phone:(406) 768-5322
Bus Fax:(406) 768-5212
Buckles, Dana, E. H. T.
Four Bear, Dennis, E. H. T.

Northern Cheyenne Tribal Sanitarian
P.O. Box 67
Lame Deer, MT 59043
Bus Phone:(406) 447-4409
Bus Fax:(406) 447-8366
LaRance, Albert
E-mail: albert.larance@mail.ihs.gov

Rocky Boy Tribe
Chippewa Cree Tribal Health Center
P.O. Box 664
Box Elder, MT 59521
Bus Phone:(406) 395-4490
Bus Fax:(406) 359-4825
Gardipee, Henry

National Park Service
P.O. Box 168
Yellowstone National Park, WY 82190
Bus Phone:(307) 344-2274
Roser, Sara

Tobacco Products

Business and Income Tax Division

Department of Revenue
PO Box 5805
Helena, MT 59604-5805

<http://mt.gov/revenue/programsandservices/onestop-cigarette.asp>

Tobacco Products Retailer:

\$5 - Required for each location where tobacco products are sold at retail, whether over the counter or through a vending machine.

Tobacco Products Vendor:

\$50 - Required for businesses that own and operate 10 or more cigarette vending machines.

Tobacco Products Wholesaler:

\$50 - Required for businesses that purchase and affix insignia to cigarettes and sell any other tobacco products (licensed) retailers.

Tobacco Products Subjobber:

\$50 - Required for businesses that purchase from a licensed wholesaler cigarettes with the Montana cigarette tax insignia affixed, and sell or offer to sell the tobacco products to a licensed retailer or vendor.

Montana Cigarette Sales - Who needs to report?

Anyone shipping or delivering cigarettes into Montana must report to the Department of Revenue (DOR), in compliance with the Federal Jenkins Act 376, 1955. This report must include name and address of purchaser, quantity, brand of cigarettes, manufacturer of cigarettes and invoice numbers. The report may be computer generated if approved by Department of Revenue (DOR).

Wholesaler Licensing:

If you are selling cigarettes to licensed Montana retailers, you must be licensed by the State of Montana as a wholesaler. To become licensed:

- You must apply for a Wholesale Tobacco Product License
- Applicant must advise (DOR) whether or not they will be stamping cigarettes
- The applicant must show proof of an established account with the cigarette manufacturer(s).
- Montana is a Fair Trade state and before your brand of cigarette can be sold in Montana you will need to verify that the manufacturer has provided the base cost, before taxes or discounts to: Department of Revenue, PO Box 5805, Helena, MT 59604-5805
- If a wholesaler will be purchasing rolls of insignia be advised that the Montana Department of Revenue purchases their insignia from Meyercord Company at (630) 682-6200, and it is advised that you should contact Meyercord to determine that the stamping equipment you are considering is compatible with the Meyercord insignia.
- The above information may be faxed to Attention: Cigarette and Tobacco Tax at (406) 444-6642.
- If you have any further questions, please call the Department of Revenue's Call Center at (406) 444-6900.

You are prohibited from stamping or selling cigarettes that are not on the Department of Justice's directory. The DOJ Directory is located at <http://doj.mt.gov/consumer/business/tobaccosales.asp>

It is unlawful for any person to:

- affix a tax insignia to a package of cigarettes of a tobacco product manufacturer or brand family not included in the DOJ directory,
- or to sell, offer for sale or possess for sale in this state cigarettes of a tobacco product manufacturer or brand family not included in the DOJ directory.

Administrative Rules of Montana for tobacco products can be found at <http://arm.sos.mt.gov/42/42-3101.htm>

Off-Premises Beer/Wine License

Liquor Control Division

Department of Revenue
PO Box 1712
Helena, MT 59604-1712

Off-Premises Liquor License Application Form and Grocery Inventory Form

Review information on pages 8-11 and complete and attach the Off-Premises Liquor License Application (form 518) and Grocery Inventory Form (form G-1) page 19 and 21 respectively.

Off-Premises Liquor License Fees:

- | | |
|---------------------------------|-------|
| ➤ Non-Refundable Processing fee | \$100 |
| ➤ Beer | \$200 |
| ➤ Wine | \$200 |
| ➤ Beer/Wine | \$400 |

Off-Premises Beer and Wine Applications:

Please complete the following forms for processing your Off-Premises Liquor License Application. Please read all instructions and answer all relevant questions.

The following forms and information are included in this booklet:

- Off-Premises Application Check List
- Fire Code Requirements
- Off-Premises Liquor Application (form 518)
- Grocery Inventory Form (G-1)

The following forms are available from the Department of Revenue Website at <http://mt.gov/revenue/formsandresources/forms.asp#liqlic> or by calling the department at (406) 444-6900.

- Authorization for Examination
- Personal History Statement Form
- Department of the Treasury - Special Tax Registration and Return (ATF-F-5630)
- Fingerprint Card (this form is not available on our website, it must be requested from (406) 444-6900)
 - A separate check for the processing fee for the fingerprint card is required. Please make check payable to: "Gambling Control Division"

The Montana Code Annotated for off-premises beer/wine licenses can be found at http://data.opi.state.mt.us/bills/mca_toc/16_4.htm.

Montana Department of Revenue
Liquor Control Division
Off-Premises Application Check List
to expedite your application processing

Processing a license application takes approximately two (2) to three (3) months based upon the Department's determination of receipt of a completed application (16-4-207 MCA). You will be notified when a decision regarding the application has been made.

You may request Temporary Operating Authority by completing section 3 of the application if the location has been previously licensed in the last year.

Submitting an incomplete application may add additional time to the process. **This checklist is provided to help you avoid a delay.** Please do not return the checklist with your application documents as it is designed simply for your use.

A complete application means all information requested on the license application forms has been responded to in compliance with the law and the necessary supporting documentation has been supplied.

It is suggested you use the following list of questions as a checklist to help you put together your application paperwork. In most cases, affirmative (or not applicable) responses to all of these questions will assure you have compiled a complete application. **However, the documents provided may raise license qualification questions that need clarification before the department can consider your application complete.** If your response to any of these questions is negative, your application is incomplete.

Application documents are considered public documents and are available for public review.

Check List

Respond with Yes, NA or No to the following list of questions.

- ____A All questions and documents requested in Section 1 and 2 of the application that apply to your type of Off-Premises application have been answered.
- ____B Your \$100.00 non-refundable processing fee is included with the application documents. This payment is in addition to the payment submitted for your One-Stop Business License application.
- ____C The license fee is \$200.00 for beer, \$200.00 for wine, or \$400 for beer/wine and payment is included with the application documents.
- ____D If you are a partnership, you have included with your application a copy of your Certificate of Fact issued by the Montana Secretary of State's Office.
- ____E If you are a corporation, you have included with your application a copy of your current (issued within the last six months) Certificate of Existence.
- ____F If you are an LLC include your Certificate of Fact.
- ____G If you indicated in Section 2 question 7 that you do not own the premises, you have included with your application documents a copy of a current or proposed lease or rental agreement. The document is between the applicant and owner of the premises, signed, dated and includes any other associated documents.
- ____H If you indicated in Section 2 question 7 that you do own the premises, you have included with your application documents, a copy of a current or proposed purchase agreement or proof of ownership (i.e. current year tax statement or warranty deed). The document is between the applicant and previous owner, signed, dated and includes any other associated documents.
- ____I Copy of your current floor plan, on 8½" x 11" paper, with outside dimensions and general layout is included with the application documents showing all areas where alcohol will be stored and sold. (Please label floor plan with the Trade Name, address and date.)
- ____J The application form is signed by all individual owners, or all members of the partnership, LLC, or an authorized member of the corporation.

- ____K A complete personal history statement and authorization for examination and release of information form for each individual applicant, partner or corporate stockholder owning 10% or more of the issued stock is included with the application documents.
- ____L The licensee must complete a fingerprint card and returned it with the application. The individual can take the card to a local law enforcement agency or to the Montana Department of Justice ID Bureau for fingerprinting. (it should be noted that some law enforcement agencies charge a fee for this service.) Upon completion, a \$34.00 processing fee will be assessed for each fingerprint card submitted. Please attach a check in the amount required payable to the "Gambling Control Division." If you have any questions, please contact the Montana Department of Revenue, Liquor Licensing at (406) 444-6900.
- ____M If a person other than licensee will be managing the business, please submit a Personal History Statement, Release of Information Statement, finger print card and fee of \$34.00 and management agreement.
- ____N It is the applicant's responsibility to determine if federal laws may require the applicant to obtain a permit from a federal agency. For further information contact: Department of the Treasury, Alcohol and Tobacco Tax and Trade Bureau, PO Box 145433, Cincinnati, OH 45205-5433. Phone: (513) 684-2979 or (800) 937-8864
- ____O Copy of Assumed Business Name as filed with the Secretary of State's Office.

When the application is determined complete, an investigation of the applicant and premises is initiated. The Department notifies the Department's investigation office and various state and local officials interested in the application that the application has been received, allowing the parties 30 days to notify us of any application deficiencies in areas within their jurisdiction. Also, the department may notify the Department of Justice, Investigation Bureau to begin a background investigation.

The Department can approve the application if a favorable investigation report is received and no other previous deficiencies have been noted.

It is important to understand that supplying information requested does not guarantee approval of the license application. At this time, we are simply gathering information needed to continue processing the paperwork. Until a determination has been made, any expenses related to this application which you may incur are strictly at your own risk. You will be notified when a decision regarding the application has been made.

Please mail the application documents to:

Department of Revenue
One-Stop Licensing
P.O. Box 8003
Helena, MT 59604-8003

To: Prospective Liquor License and Tavern Owners

From: Fire Prevention and Investigation Bureau

Date: May 2006

Subject: Fire code requirements and information pertinent to fire and life safety requirements for Drinking and Dining Establishments (A and B Occupancies)

Whenever someone applies for a license, or license ownership is transferred, the building to which the license applies is inspected. This inspection is conducted by an FPIB Deputy State Fire Marshal or by a representative from your local fire department, provided the department has an inspection division.

The following information lists fire code deficiencies common to occupancies that fall within this category. The information is intended to assist you in evaluating the relative fire and life safety of the building that you are currently applying for a liquor license, and to help you avoid unanticipated expenditures. This information may help you determine if the property is in compliance with the currently adopted Fire Code or will require expensive and/or extension modifications.

On premises liquor sales establishments typically are classified in the Fire and Building Codes in one of two occupancy classes, based on the usable square footage of floor space that is open to, and regularly used by, the public.

A business establishment (B Occupancy) is defined (for our purposes) as a drinking and dining establishment that has an occupant load of less than 50, and contains less than 750 square feet of usable floor space.

The second class, an assembly occupancy (A Occupancy), is defined as any building, or portion of a building having greater than 750 square feet, intended for food and /or drink consumption, including banquet halls, Night Clubs, Restaurants, Bars and Taverns. The majority of bars, taverns, restaurant/bars and casinos belong to this category.

Fire Code Deficiencies Common to "B" Occupancies

- Lack of an approved fire suppression system to protect the ventilating hoods over kitchen cooking surfaces.
- Obsolete Dry Chemical Fire Suppression Systems
- Lack of a required K class fire extinguisher for kitchen use.
- The use of extension cords as a substitute for permanent wiring. Extensions cords are permitted only for temporary use.

Fire Code Deficiencies Common to "A" Occupancies

- Lack of an approved fire suppression system to protect the ventilating hoods over kitchen cooking surfaces.
- Obsolete Dry Chemical Fire Suppression Systems
- Lack of a required K class fire extinguisher for kitchen use.
- No indication of occupant limit. The limit must be posted in a conspicuous place near the main exit.
- The use of extension cords as a substitute for permanent wiring. Extension cords are permitted only for temporary use.
- Insufficient or inadequate exits:
 - At least two approved exits are required where the occupant load is 50 or more.
 - Exit doors must swing in the direction of departure.
 - Exit doors shall be openable, from the inside, without the use of a key or any special knowledge or effort. Exit doors shall not be locked, chained, bolted, latched or otherwise made unusable. All locking devices must be of an approved type.
 - Exit signs shall be installed at the required exit from the rooms, areas or where otherwise necessary to clearly indicate the direction of departure.
- Inadequate exit illumination. Exit illumination must be provided and maintained. Exits and exit signs must be provided with emergency power, and be maintained in an operable condition.

These are only the most commonly found deficiencies. Other deficiencies may be found during an inspection. For further information or assistance, please contact your local fire department, fire prevention official or the Fire Prevention and Investigation Bureau at (406) 444-2050.

Nursery License

Commodity Services Bureau

Department of Agriculture

PO Box 200201

Helena, MT 59620-0201

<http://agr.mt.gov/crops/nursery.asp>

Affidavit for Nursery License Exemption:

Gross annual sales:	Fee:
\$3,000 or more	\$95 (for Late Fee, please see page 3)
\$1,000 to \$2,999	\$30 (for Late Fee, please see page 3)
less than \$1,000	No fee

An Affidavit for Nursery License Exemption must be completed and submitted with the Master Application for all nurseries with gross annual sales under \$3,000. **This affidavit must be submitted with the Master Application.**

A Nursery License is required for businesses that grow or offer for sale or resale any nursery stock. A Nursery License is also required for landscaping and lawn maintenance businesses if providing, planting or installing new plants or turf.

Definitions:

“Nursery” means the business or location where nursery stock is grown or offered for sale, resale, or as part of a landscape service.

“Nursery stock” means botanically classified plants or parts of plants. The following plants and plant materials may not be considered nursery stock:

- aquatic plants used for aquarium purposes;
- field crop plants and seeds;
- pasture grasses;
- cut plants not for propagation;
- corms, tubers, and bulbs;
- fruits or vegetables for human or animal consumption;
- cut trees and products for processing; and
- plant debris for disposal or processing.

The Montana Code Annotated for nursery licenses can be found at http://data.opi.state.mt.us/bills/mca_toc/80_7_1.htm

Underground Storage Tanks

Underground Storage Tank Section (UST)

Department of Environmental Quality (DEQ)

PO Box 200901

Helena MT 59620-0901

<http://www.deq.mt.gov/UST/index.asp>

Notification of Underground Storage Tanks:

Registration Fees (annual):

\$36 per tank equal to and less than 1100 gallon capacity

\$108 per tank greater than 1100 gallon capacity

Owners and operators of an underground storage tank (UST) and above ground storage tank with underground line must register each tank with the Department of Environmental Quality (DEQ). UST registration fees are assessed annually. Tank systems must meet certain standards for construction and design, corrosion protection and leak detection.

Permits are required from the DEQ for tank or piping installations or closures, for modifications, linings or repairs, and for the installation of cathodic protection and vapor or groundwater monitoring wells at existing installations. Licensed installers must conduct the permitted work. Any release must be reported to DEQ within 24 hours.

A person may not use an UST without an Operating Permit issued by DEQ. To obtain an Operating Permit, a licensed Compliance Inspector must inspect the tanks and certify to DEQ that the operation and maintenance of the tank complies with relevant DEQ laws and rules. It is the tank owner's responsibility to hire a private inspector to conduct the inspection. Owners and operators of a UST are to have inspections every three years.

Please complete the Notification for Underground Storage Tanks form located on page 25. **This form must be attached to the master application.**

Administrative Rules of Montana for underground storage tanks can be found at <http://www.deq.mt.gov/dir/legal/Chapters/Ch56-toc.asp>

Weighing and Measuring Devices

Weights and Measures Bureau

Department of Labor and Industry
301 S. Park Ave., Room 464
Helena, MT 59620-0516
(406) 841-2240

<http://mt.gov/dli/bsd/wm/index.asp>

Meters and Scales:

Required for businesses that use scales or meters to weigh or measure any product that they either buy or sell. Examples include scales used to weigh candy, meats, fruits, etc. that a store sells, or meters used to measure the gallons of gasoline sold. On the Master Application form, list each device type to be licensed and the total number of each type of device. Fees shown are per each individual device.

Meters - Petroleum Dealers

The term "Meters" refers to the actual number of measuring chambers, not the number of hoses or cabinets. If you have any questions as to the correct number of meters at your location or their listed delivery, please contact either the company that performed the installation or the Weights and Measures Bureau at (406) 841-2240.

PA - \$16 - Retail meters, listed delivery less than or equal to 20 gallons per minute

PB - \$55 - High speed retail/wholesale meters, listed delivery 21 to 130 gallons per minute

PC - \$65 - Wholesale meters, listed delivery greater than 130 gallons per minute

PD - \$80 - LPG (propane) meters

Scales - Weighing Devices

Beginning in 2005, for record keeping purposes, scales will be divided into two categories: Standard commercial scales, listed as "SA", "SB", "SC", "SD", or "SE" and "On Farm Scales", identified as "S1", "S2", "S3", "S4", or "S5". "On Farm Scales" are scales located on a farm or ranch and used primarily by the farmer or rancher to weigh farm commodities such as grains, livestock, or produce. Standard commercial scales are located in off-farm commercial establishments such as retail and wholesale stores and businesses. Please select the correct scale type. If you have any questions concerning scales, please contact the Weights and Measures Bureau at (406) 841-2240.

SA or S1 - \$ 12 - Manufacturers listed capacity 0 - 499 pounds

SB or S2 - \$ 20 - Manufacturers listed capacity 500 - 1,999 pounds

SC or S3 - \$ 40 - Manufacturers listed capacity 2,000 - 7,999 pounds

SD or S4 - \$100 - Manufacturers listed capacity 8,000 - 60,000 pounds

SE or S5 - \$175 - Manufacturers listed capacity greater than 60,001 pounds

The Montana Code Annotated for weighing and measuring devices can be found at http://data.opi.state.mt.us/bills/mca_toc/30_12.htm and at http://data.opi.state.mt.us/bills/mca_toc/82_15.htm.

Please note: At the time of printing the One-Stop Business Licensing booklet the Weights and Measures Bureau of the Department of Labor and Industry was in the process of reviewing and updating Administrative Rules of Montana. These updates may include changes to fee rates. Please visit our website at <http://mt.gov/revenue> for the most current fee rates.

Master Application

One-Stop Licensing
PO Box 8003
Helena, MT 59604-8003
Phone: (406) 444-6900
FAX: (406) 444-0722

MONTANA
Form MA
Rev. 5-06

Company or Owner Name: _____

Federal Employer Identification Number (FEIN) or Social Security Number: _____

Business Location Address (cannot be a post office box) _____ City _____ State _____ ZIP + 4 _____

County _____ Business Phone _____ Fax Number _____

Business Mailing Address (if different from location address) _____ City _____ State _____ ZIP + 4 _____

All coordinating applications/affidavits must be completed and attached for processing

License Fees

- ☐ Food Purveyor (pages 4-6) ☐ Large ☐ Small ☐ Meters - Petroleum Dealers (page 14)
Endorsements: (Check all that apply)
☐ 1. ☐ 2. ☐ 3. ☐ 4. ☐ 6. ☐ 7. ☐ 8.
☐ 9. ☐ 10. ☐ 11. ☐ 12. \$ _____
PA _____ x \$16.00 = _____
PB _____ x \$55.00 = _____
PC _____ x \$65.00 = _____
PD _____ x \$80.00 = _____
- ☐ Tobacco Products (page 7) \$ _____
☐ Retailer ☐ Vendor
☐ Wholesaler ☐ Subjobber \$ _____
- ☐ Off-Premises Beer/Wine License (pages 8-11)
☐ Process Fee: Off-Premises - \$100.00
\$ _____
☐ Off-Premises Beer - \$200.00 (if new)
☐ Off-Premises Wine - \$200.00 (if new)
☐ Off-Premises Beer/Wine - \$400.00 (if new)
\$ _____
- ☐ Nursery License (page 12)
☐ Exempt \$0 ☐ >= \$1,000 and < \$3,000 ☐ >= \$3,000
\$ _____
- ☐ Underground Storage Tanks (page 13)
<= 1100 gallons \$36 x _____ = _____
> 1100 gallons \$108 x _____ = _____
\$ _____
- ☐ Scales - Weighing Devices (page 14)
S1 or SA _____ x \$12.00 = _____
S2 or SB _____ x \$20.00 = _____
S3 or SC _____ x \$40.00 = _____
S4 or SD _____ x \$100.00 = _____
S5 or SE _____ x \$175.00 = _____
\$ _____
- Total Amount Enclosed \$ _____
- Check or Money Order # _____
- Credit Card Payment: ☐ Visa ☐ MasterCard
- Credit Card # _____
- Expiration Date _____
- Name on Card _____

Please Do Not Send Cash

The applicant is a: (check one and complete where appropriate)

- ☐ Individual ☐ Association (attach names and addresses)
☐ Limited Liability Company ☐ Limited Liability Partnership (attach names and addresses)
☐ Corporation ☐ Partnership (attach names and addresses)

Assumed Business Name/DBA/Trade Name, Etc.: _____

Description of business transacted under the assumed business name: _____

Date applicant first used the assumed business name (Mo\Day\Yr): _____

E-mail address (optional): _____

Signature (of sole proprietor, all partner(s), corporate officer(s), or limited liability manager(s) or member(s).)

I(we), the undersigned, declare under the penalties of perjury and/or the revocation of any license granted, that I(we) am(are) the applicant(s) or authorized representative(s) of the firm making this application and that the answers contained, including any accompanying information have been examined by me(us) and that the matters and things set forth are true, correct and complete.

Signature(s) required (If a corporation, corporate officer must sign) _____ Title _____ Date _____

Names and home addresses of all owners on the application are required. For corporations, the names and home addresses of the corporation's principal executive officers (president, vice-president, secretary and treasurer) and members of the board of directors are required. (Attach additional sheet if necessary.)

Name _____ Home Address _____ Title _____

License	Type of License	Fees	Inspection Required
Food Purveyor	Effective 1/1/05 (for businesses with 3 or more employees)	\$90.00	Yes
Tobacco Products	Retailer Vendor Wholesaler Subjobber	\$5.00 \$50.00 \$50.00 \$50.00	No No No No
Off-Premises Beer/Wine License	Process Fee Beer Wine Beer/Wine	\$100.00 \$200.00 \$200.00 \$400.00	Yes Yes Yes Yes
Nursery License	Gross annual sales < \$1,000 Gross annual sales >= \$1,000 and < \$3,000 Gross annual sales >= \$3,000 Nurseries with gross annual sales =< \$3,000 must submit an Affidavit for Nursery License Exemption	\$0.00 \$30.00 \$95.00	Yes Yes Yes
Underground Storage Tanks	Tanks <=1,100 gals Tanks > 1,100 gals	\$36.00 \$108.00	Not for registration, but once every three years for operating permit.
Meters - Petroleum Dealers	PA - Max Delivery <= 20 gal/min PB - Max Delivery > 20 gal/min and <= 130 gal/min PC - Max Delivery > 130 gal/min PD - LPG (Propane) Meters	\$16.00 \$55.00 \$65.00 \$80.00	Yes Yes Yes Yes
Scales - Weighing Devices	S1 or SA - 0 thru 499 lbs S2 or SB - 500 thru 1,999 lbs S3 or SC - 2,000 thru 7,999 lbs S4 or SD - 8,000.thru 60,000 lbs S5 or SE - 60,001 lbs & over	\$12.00 \$20.00 \$40.00 \$100.00 \$175.00	Yes Yes Yes Yes Yes

**MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES
FOOD & CONSUMER SAFETY SECTION - (406) 444-2408
APPLICATION FOR RETAIL FOOD ESTABLISHMENT LICENSE**

- | | |
|--|---|
| <input type="checkbox"/> Establishments with 2 or fewer employees working at any one time (\$60 license fee) RPF1X | <input type="checkbox"/> Establishments with more than 2 employees working at any one time (\$90 license fee) RPFBX |
|--|---|

This application includes all types of food establishments that are regulated by
ARM Title 37, Chapter 110, Subchapter 2

Note: By provision of 50-50-201, MCA, one license fee includes all types of retail food establishments operating on the same premises when they are operated by the same licensee. Only remit one license application fee for each retail premises location. Food Manufacturing Establishments are licensed **separately** and must submit separate application with appropriate fees.

HEALTH OFFICIALS RETURNING "PREVIOUSLY PAID" APPLICATIONS ONLY REQUIRING SIGNATURE, OR REQUESTING "ENDORSEMENT CHANGE", PLEASE RETURN TO: **MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES or (DPHHS)**. MAIL to DPHHS at: DPHHS/FCSS, PO BOX 202951, HELENA, MT 59620-2951

PLEASE PRINT

Licensee (Operator/Owner) Name: _____
Establishment Name: _____
Establishment Location Address: _____
City: _____ Zip Code: _____ County: _____
Mailing Address (If different from above): _____
City: _____ State: _____ Zip Code: _____
On-Site Operator/Manager Contact Name (if different than Licensee Name): _____
Contact Telephone: (____) ____ - ____ Contact FAX: (____) ____ - ____
Contact E-mail address: _____

This Section is to be completed and signed by the Local Health Authority Only!

Type of Establishment: (*Check one or more - fee same regardless of number checked*)

- | | |
|--|--|
| <input type="checkbox"/> 1. Food Service Establishment
<input type="checkbox"/> 2. Tavern or Bar
<input type="checkbox"/> 3. Meat Market (Onsite Retail Only)
<input type="checkbox"/> 4. Bakery (Onsite Retail Only)
<input type="checkbox"/> 6. Food Manufacture (Onsite Retail Only)
<input type="checkbox"/> 7. Mobile Food Service | <input type="checkbox"/> 8. Water Hauler
<input type="checkbox"/> 9. Perishable Food Dealer (Retail only)
<input type="checkbox"/> 10. Food Service/Catering (Retail)
<input type="checkbox"/> 11. Food Service/Delicatessen (Onsite Retail)
<input type="checkbox"/> 12. Produce (onsite retail only) |
|--|--|

Change type of establishment (endorsement)?

Seasonal: Yes ☐ or No ☐ If Yes, Dates Open: _____ To _____

Public Water Supply: Yes ☐ or No ☐ PWSID No: _____ Private (Not Public) Water Supply: Yes ☐ or No ☐

Public Sewage Treatment System: Yes ☐ or No ☐ Private (Not Public) Sewage Treatment System: Yes ☐ or No ☐

Existing Facility: Yes ☐ or No ☐ New Construction: Yes ☐ or No ☐ Remodeled: Yes ☐ or No ☐

Preconstruction Review Plans approved by local or state health authority? Yes ☐, No ☐ or NA ☐

Fire Authority Approved: Yes ☐, No ☐ or NA ☐ Building Authority Approved: Yes ☐, No ☐ or NA ☐

Preopening Inspection completed and approved: Yes ☐ or No ☐

Previously Licensed: Yes ☐ or No ☐ If Yes ☐, then Former Name: _____

Previous License Number: _____ Last Calendar Year Licensed? _____

License Limitation/Condition/Comment Statement: _____

(The statement above will appear on the printed license. It will identify condition(s) or limitations on the license's approval.)

APPLICATION APPROVED: _____ DATE: _____ COUNTY: _____
(Rev. 10/03) **(Local Health Authority Signature Required)**

Application Instructions for the Licensee - Retail Food Establishment (FR)

Number of Employees: 50-50-205 MCA states that for each license issued to an establishment that does not have more than two employees working at any one time, the department shall collect a fee of \$60.00. Retail food establishment with three (3) or more employees working at any one time will pay a license fee of \$90.00.

Licensee (Operator) Name: The license for a facility is specific to an owner or operator. Write the name of the person or entity that will be responsible for ensuring this establishment will meet public health requirements. A new license application is necessary when the owner or operator of an establishment changes, even if the name of the facility does not change. If the facility is leased, enter the name of the lessee. The lessee is responsible for the facility in meeting public health requirements.

Establishment Name: Write the business name of the facility. If the business has several sites, the establishment name must be specific to the location for this application. When making license application for multiple locations, use a separate application form for each facility, and give the physical location (street and number) for each on its respective application form.

Establishment Address and Contact Information: Write the physical location (street address) of the food establishment. If the food establishment is mobile, use the address for the commissary or servicing site. Some food establishments have several distribution sites, a commissary site, an office location and a different management location. If there is doubt about which address to use, attach an explanation with this application. Please include the information necessary to locate the facility for inspection (directions, if needed), so that your license approval will not be delayed. Name the Montana county where the establishment is located.

Mailing Address: The address entered here is where the license and annual renewal notice will be sent. Late fees may result if the renewal notice is sent to a seasonal facility location which is closed. If you desire the license(s) for one or several franchise operations to be sent to the head office or corporate office, or to a business agent, enter their mailing address.

Contact Information: Enter the name of the manager, phone number, fax number, and e-mail address, if available.

=====

Note: The space at the bottom of the application form is to be completed by the local or state health authority.

If the facility has new construction or has been remodeled, plan review approval and pre-opening onsite inspection approval by the health authority is necessary before the license is approved and the food establishment commences business. If the new license application is for a change of ownership, a pre-opening on-site inspection by the health authority is necessary before the license will be approved. There may be changes necessary before the new license is issued.

It is recommended that new license applicants make contact with the local health department or county sanitarian early in the application process. Some portions of the license application review process may involve plan review, providing written procedures, product lists, fire safety inspection, building permits, water system plans, laboratory analysis of water, label design, etc. Please contact your local health department office for assistance or plan review forms.

Local Health Authority Instructions -- Retail Food Establishment (FR)

Type of Establishment (endorsements):

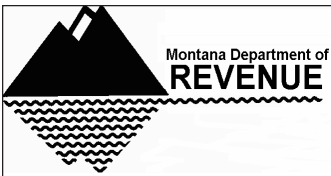
The type of establishment identifies the types of food operations that occur on a premises. A food establishment may have multiple endorsements at the same location - check all endorsements that apply. **Only one annual retail license fee** is required, regardless of the number of endorsements approved by the local health authority.

A license is specific to the type(s) of establishment operation(s) approved by the local health authority and is limited to the types of food operations and sales that occur at that location. Multiple endorsements means the health authority must review the public health and safety requirements specific to each endorsement approved.

Type	Brief Description/Examples
01	<u>Food Service Establishment</u> : Includes restaurants, cafeterias, pizzerias, etc. or other similar place where food or drink is prepared, served, or provided to the public with or without charge. Does not include catering or mobile operation.
02	<u>Tavern or Bar</u> : Includes alcoholic beverage services. Does not include onsite food preparation.
03	<u>Meat Market (Onsite Retail Only)</u> : Includes only the processing, packaging, and labeling of meat and meat products for on-site sales at that location. Processing meat for wholesale distribution is prohibited without licensing from DOL.
04	<u>Bakery (Onsite Retail Only)</u> : Includes only the processing, packaging, and labeling of bakery products for on-site sales.
06	<u>Food Manufacturing (Onsite Retail - Take-Out)</u> : Includes processing a food product, putting it in a package, and selling at that location. Also includes retail water vending units and the packaging and sale of ice on-site at a retail store.
07	<u>Mobile or Semi-Permanent Food Service</u> : Includes pushcarts, vehicle-mounted food service designed to be readily mobile or limited food operations which are moveable but not wheel mounted.
08	<u>'Water hauler'</u> : is a person engaged in the business of transporting water to be used for human consumption that is not regulated as a public water supply and does not transport water for individual family households and family farms and ranches.
09	<u>Perishable Food Dealer (Retail Only)</u> : Includes the <u>buying and selling</u> of packaged perishable products. Examples - Grocery Stores, convenience stores, mobile food distributor.
10	<u>Food Service/Catering (Retail)</u> : Includes food preparation and its service at locations other than the licensed facility. Catering kitchens must meet all the requirements of a food service kitchen.
11	<u>Food Service/Delicatessen (Onsite Retail)</u> : Includes the preparation and service of multiple ingredient foods for take-out purposes. Includes the processing, packaging, and labeling requirements for on-site retail sales of that product.
12	<u>Produce (Onsite Retail)</u> : Includes vegetable or fruit processing, washing, cutting, or preparing for sale.

Other: Endorsement changes must be approved by sanitarian signature, but do not require an additional license fee for an existing licensed retail food establishment. Complete water supply, sewage treatment, plan review, and licensing information.

License Limitation/Condition/Comment Statement: May be used to ID locations for mobile food service units, identify menu or equipment use limitations, identify maximum group sizes for catering functions, identify a plan of correction (including starting & ending dates and the approving health authority), or any other information needed to clarify the license approval.



Return to:
One-Stop Licensing
Montana Department of Revenue
PO Box 8003
Helena, MT 59604-8003

Off-Premises Liquor License Application

Section 1: Entity/Transaction

Check appropriate boxes:

- | | | |
|--|---|--|
| 1. Business Entity | 2. Transaction | 3. License Type / Fee |
| <input type="checkbox"/> Individual (one person) | <input type="checkbox"/> New License | <input type="checkbox"/> Processing Fee - \$100.00 (All) |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Transfer of Location - License # _____ | <input type="checkbox"/> Off-Premises Beer - \$200.00 |
| <input type="checkbox"/> Other | <input type="checkbox"/> Corporate Structure Change - License # _____ | <input type="checkbox"/> Off-Premises Wine - \$200.00 |
| | | <input type="checkbox"/> Off-Premises Beer/Wine - \$400.00 |

Attach additional pages if more space is needed

Section 2: General Information

Instruction for completing applicant name.

- If **Individual**, list individual's name.
- If **Corporation**, provide current corporate statement or list of officers, directors and shareholders and Certificate of Existence/ Authority.
- If **Other**. . .

- If more than one **individual**, list names of all below.
- If **partnership**, list partnership name below then, individual partners' names and provide copy of the partnerships Certificate of Limited Partnership, Certificate of Fact or Certificate of Registration.
- If **LLC**, list LLC name below then, all members' names and provide a copy of the Certificate of Fact.

1. Name of Applicant(s) _____

Business Telephone No. _____ Fax No. _____ Federal Tax I.D. No. _____

2. Name of Person Managing Business _____

3. Provided Personal History & Release of Information forms for each individual, partner, 10% stockholder, member or manager.
☐ Yes ☐ No

4. **Business/Trade Name** _____
(doing business as... Assumed business name must be filed with the Secretary of State's Office)

Mailing Address _____

City, State, Zip _____

4a. **Address of premises to be licensed, if different than mailing address. Give Exact Location of Premises**, including a street and number.

Physical Address _____

City, State, Zip _____

5. Is your location within an incorporated city/town? ☐ Yes ☐ No
6. Are the premises within any defined zones where the sale of alcoholic beverages is prohibited by city/county ordinances?
☐ Yes ☐ No
7. Is your premises proposed for licensing operated as a ☐ Grocery Store If **grocery store** - attach copy of inventory (Form G-1)
☐ Drugstore If **drug store** - attach copy of pharmaceutical license
8. Do you now or will you own the building proposed for licensing? ☐ Yes ☐ No
If No, please provide a current or proposed lease or rental agreement. If Yes provide acceptable proof of ownership.
9. Is the building ready for occupancy? ☐ Yes ☐ No
If No, indicate estimated date of occupancy: _____
10. Will you be remodeling or constructing the premises? ☐ Yes ☐ No
If Yes, indicate estimated date of completion: _____ (Date)
11. **Submit copy of current floor plan of licensed premises. Floor plan must include external dimensions and general layout on an 8½" x 11" sheet of paper. Identify trade name of premises, address and date.**
12. Please send a copy of your bank signature card.

Section 3: Temporary Authority

The undersigned, requests authority to operate pending final approval of the license. Temporary authority may be granted to an applicant by the Department of Revenue if the current premises has been licensed in the past year for the sale of alcohol and no building, health, or fire deficiencies exist. Pursuant to ARM 42.12.122. The undersigned agrees that during the period of temporary operating authority, the applicant shall be responsible for all beer and wine purchased pursuant to Section 16-3-243, MCA (the seven-day credit limitation). I realize temporary authority will be immediately revoked if my employees or I violate any provisions of Title 16, MCA or the departments rules. Temporary authority cannot be granted for a transfer of location.

I would like temporary authority issued on _____ (Date)

Section 4: Notice To Applicants

In order for your application to be considered *complete* you must include all associated or related documents as indicated by your specific circumstance in the accompanying check sheet. Processing a license application takes approximately two (2) to three (3) months based upon the Department's determination of receipt of a complete application, if no deficiencies are received. You will be notified when a decision regarding the application has been made.

Section 5: Declaration and Affidavit

This application must be signed by the applicant or by a duly authorized representative of the entity submitting this application. The person who signs this application attests that the information contained in the application is correct and complete. Montana law says "Upon proof that an applicant made a false statement in any part of the original application, in any part of an annual renewal application, or in any hearing conducted pursuant to an application, the application for the license may be denied, and if issued, the license may be revoked." (Section 16-4-402, Montana Codes Annotated)

Signature

Date

Printed Name

Title

Section 6: Corporate Statement (includes Corporations, LLC's, LLP's and Partnerships)

The stockholders/members/partners are:

Name	Address	Social Security Number	Date of Birth	Number of Shares

Total Shares: _____

Officers and Directors of the Corporation are:

Name	Address	Title

Grocery Inventory

Section 16-4-115(1), MCA states a retail license to sell beer or table wine in the original package for off-premises consumption only may be issued to a qualified applicant whose premises proposed for licensing is operated as a bona fide grocery store or a drug store licensed as a pharmacy.

ARM 42.12.126(2) "The retail inventory of \$3,000 will be used as a basis for determining whether an establishment qualifies as a "bona fide grocery store". The retail inventory of at least \$3,000 must be maintained at all times. The retail inventory must include at least three different types of items in each of the following food groups; meats, vegetables, fruits, bakery items, dairy products and household supplies. For example, three different types of items in the dairy products group would be a cheese, a milk and a butter, but skim milk, chocolate milk and whole milk would not be considered as three different types of items in the dairy products group."

List three different types of food items you carry within each category listed below. Under Total Inventory state the total dollar retail inventory maintained in these above six food groups.

Three Food Types

Meats			
Vegetables			
Fruits			
Bakery Items			
Dairy Products			
Household			

Total Inventory of Above Food Groups \$

I certify this inventory to be correct.

Signature

Trade Name \ County

Date



One-Stop Licensing
PO Box 8003
Helena, MT 59604-8003
Phone (406) 444-6900
Fax (406) 444-0722

Affidavit for Nursery License Exemption

Must be submitted with application

Please print

Owner Name

Business Name

Mailing Address

Street Address

County

City/State/Zip Code

Telephone Number

Fax Number

Section 80-7-106(3)(a) exempts from licensing those nurseries which earn less than \$1,000 gross annual sales of nursery stock. To qualify for the exemption, fill out this affidavit and file it with the department at the above address.

Section 80-7-106(3)(b) requires nurseries which earn \$1,000 but less than \$3,000 in gross annual sales of nursery stock must submit an affidavit to that effect and pay a licensing fee to the department. Fill out this affidavit and send it with your completed application and license fee to the department at the above address.

Location where nursery stock was grown: _____

Location(s) where nursery stock will be sold: _____

Estimated amount of gross nursery stock sales conducted in Montana:

\$ _____

Must be Notarized

--

Underground Storage Tanks

Montana Department of Environmental Quality

Notification for Underground Storage Tanks

Facility ID Number:

Contact the Department: (406) 444-5300 or via the internet at ustprogram@mt.gov

INSTRUCTIONS

Please **type or print in ink** all items except "**signature**" in **Section IV**. This form must be completed for each location containing underground storage tanks.

TYPE OF NOTIFICATION

☐ A. NEW NOTIFICATION

☐ B. AMENDED

☐ C. CHANGE OF OWNER

GENERAL INFORMATION

Notification is required for all underground tanks that have been used to store regulated substances since January 1, 1974, and that are in the ground as of May 8, 1986, or that are brought into use after May 8, 1986.

Who Must Notify? Title 17, Chapter 56, Subchapter 9, Administrative Rules of Montana (ARM) require that, unless exempted, owners of underground tanks that store regulated substances must notify designated State and local agencies of the existence of their tanks.

Owner means -

- (a) in the case of an underground storage tank in use on November 8, 1984 or brought into use after that date, any person who owns an underground storage tank used for the storage, use, or dispensing of regulated substances and
- (b) in the case of any underground storage tank in use before November 8, 1984, but no longer in use on that date, any person who owned such tank immediately before the discontinuation of its use

An UST, which is in the ground and not properly closed is deemed to be in use and is subject to notification requirements.

An owner of an underground storage tank system must amend the facility's current notification form whenever the facility has undergone any change, which results in a change to the facility information or status.

Penalties: Any owner who fails to notify or submits false information is subject to a civil penalty of up to \$10,000.00 per violation per day for each tank for which notification is not given for which false information is submitted. Criminal penalties may also apply.

I. OWNERSHIP OF TANKS					II. OPERATOR INFORMATION	
Owner Name (Corporation, Individual, Public Agency, or Other Entity)					Operator Name	
Mailing Address					Operator Address	
City	State	Zip Code			City	State Zip
County						
Phone Number () -					Phone Number () -	
III. LOCATION OF TANKS						
Facility Name or Company site identifier, as applicable					Street address or physical location (PO Box not acceptable)	
Legal Description:					City State Zip	
					County	
Township	N, S Range	E, W Section	1/4	1/4 Lot	Phone Number () -	
IV. CERTIFICATION						
I certify under penalty of law that the submitted information is true, accurate, and complete.						
Name and official title of owner or owner's representative (PLEASE PRINT below)						
SIGNATURE (below)					Date Signed	

Notes

Notes